

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214526147			
1.) CORPORATION NAME: DUE DATE: 6/30/2014 New River Valley USBC Association, Inc.					
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JULIE H WESEL 1421 WISE LANE BLACKSBURG, VA		SCC ID NO: 06603112 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED	
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 335 Fort Lewis Blvd CITY/ST/ZIP: Salem, VA 24153 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KARLA GRAGG TITLE: PRESIDENT ADDRESS: 220 Alder Lane CITY/ST/ZIP/CO: Christiansburg, VA 24073 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KARLA GRAGG TITLE: PRESIDENT ADDRESS: 220 Alder Lane CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Dalton DIRECTOR 8330 River Course Dr Fairlawn, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen Hollandsworth DIRECTOR 1305 Elk Drive Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeromy Pedrotti DIRECTOR 1400 Chestnut Dr Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terry Stike DIRECTOR 2945 Mudpike Rd Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerald Zirk DIRECTOR 1863 Daisy Rd Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry Jones DIRECTOR 1585 N Ford Rd Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Mabry DIRECTOR 3511 Dove Lane Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R Wayne Pugh DIRECTOR 3695 Hamilton Ct Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Sheila Hicks SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Sheila Hicks, Assn Manager PRINTED NAME AND CORPORATE TITLE	5/20/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			